



STATE OF MONTANA

Prepare, sign, and submit with an original signature and filing fee.
This is the minimum information required.

(This space for Secretary of State use only)

APPLICATION for REGISTRATION of ASSUMED BUSINESS NAME
[30-13-203, MCA](#)

MAIL: Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov

Required Filing Fees:
Standard \$ 20.00
24 Hour Priority \$ 40.00
1 Hour Expedite \$120.00

Make checks payable to Secretary of State.

If the document is hand written, please print legibly or the application may be denied.

1. The complete proposed Assumed Business Name:

NOTE: An applicant for an assumed business name may not use a business name identifier that incorrectly states the type of entity that it is, or incorrectly implies that it is a type of entity other than the type of entity that it is. [30-13-202, MCA](#)

2. The description of business transacted under the proposed Assumed Business Name:

3. The name and business mailing address of the applicant:

Name: _____

- Check only one:** Corporation Limited Liability Company Limited Liability Partnership Limited Partnership
 Association (**attach the names and business mailing addresses of all the members**)
 A Partnership (**attach the names and business mailing addresses of all the partners**)
 Individual

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

4. **I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true.

Signature of Applicant (**all Partnerships and LLPs must have at least two signatures**) _____ Date _____

Printed Name _____ Title _____

5. Daytime Contact: Phone _____ Email _____